



Coeur d' Alene Tribe Department of Education

850 A Street/P.O. Box 408
Plummer, ID 83851
(208) 686-1800
Fax (208) 686-5804

January 22, 2014

Dear Students,

The Coeur d'Alene Tribe Department of Education is currently accepting applications for school year 2014/2015. Please be advised due to the budget crisis we are experiencing we will **only consider funding students with "complete applications" postmarked or received by April 25, 2014.** A complete application includes **"everything"** on the check list EXCEPT **FORM#2** (the budget) the college completes that form and will send it directly to our office. Please remember it is your responsibility to submit FORM #2 to your college financial aid office. After 4/25/14 **we will not allow any additional time to submit the required documents.** Once the **completed** continuing students are funded, we will consider all new high school graduates, if there are funds left.

Many of you have been very diligent in seeking outside funding to take some of the burden off of the Tribe. As you can tell this year it is even more important to seek **viable outside scholarships and grants.** NOW is the time to begin searching. Some colleges have a deadline for funds on their particular campus which could be as soon as January 31, 2014. **PLEASE CHECK** with your financial aid office, advisor, student services office, library, and the internet (**NO fast web or the like...**) don't be afraid to ask for help.

Thank you for taking the time to get prepared for next year.

Sincerely,

Norma J. Peone/Stacey L. Parr
Higher Education Manager
Coeur d'Alene Tribe
Department of Education

Cc: student files



Coeur d' Alene Tribe
Department of Education
1115 B Street/P.O. Box 408, Plummer, ID 83851
(208) 686-1800 or 1 (800) 829-2202
Fax (208) 686-5804

Dear Applicant,

Please provide the following documents to the Coeur d'Alene Tribe Department of Education no later than April 25th if you are attending Fall or Winter terms and September 25th if you intend to begin in the Spring term. You MUST reapply annually if you are continuing.

1. _____ Application/Right to Privacy **Form # 1**
2. _____ CDA Tribal Financial Aid **FORM #2** (send to college)
3. _____ Student Responsibilities Intake **FORM #3**
4. _____ Transcript/Attendance Release **FORM #4**
5. _____ Student Loan Policy **FORM #5**
6. _____ **Proof of SCHOLARSHIPS and GRANTS** you have applied for including
(minimum of 3 including FAFSA)
7. _____ **CURRENT E-MAIL ADDRESS**
8. _____ **CLASS SCHEDULE**
9. _____ **ADVISOR INFORMATION** (name, email, telephone and fax#)
10. _____ **DEGREE PLAN** (signed off by Advisor)
11. _____ **EDUCATIONAL PLAN** (road map showing current credits)
12. _____ Copy of all **PREVIOUS COLLEGE TRANSCRIPTS and**
COMPASS /PLACEMENT SCORES
13. _____ Copy of your **TRIBAL ID OR CERTIFICATE OF INDIAN BLOOD**
14. _____ College **ACCEPTANCE LETTER**
15. _____ Personal Letter Stating **EDUCATIONAL GOALS**
16. _____ **DEGREE AUDIT (official)** (at end of Junior year)

****ONLY INSTATE TUITION RATES ARE ALLOWABLE****

Continuing Students if you intend to return next term/year, **YOU MUST** meet the deadline in the dates listed above. It will be necessary for you to provide items 1 through 12 as listed above if everything is remaining the same, however if you are changing your major then **a Personal Letter Stating your Educational Goals and a New Degree Plan** as well. If you are **transferring to a different college**, complete the full packet items 1-15.

ALL STUDENTS are required to apply for federal funding utilizing the "Free Application for Federal Student Aid" (FAFSA), this form will determine your eligibility for a Pell Grant Award. Applying for FAFSA plus two other grants or scholarships is the **minimum requirement**.

Please be sure to read all forms thoroughly before signing. All rules and regulations will be enforced as agreed to by your signature. Return your completed application and supporting documentation to the above address.

Sincerely,

Norma Peone/Stacey L. Parr
HED Managers



Coeur d'Alene Tribe, Department of Education
Application Right to Privacy Form

FORM #1

School Year: _____

Tribal ID#: _____

Social Security # _____ - _____ - _____

1. Name _____ 2. Email: _____
Last First M.I.

3. Mailing Address: _____ Zip: _____

4. College Address: _____ Zip: _____

5. Phone : (____) _____ (____) _____ (____) _____ 6. Birth date: _____
Home Cell Work

7 Are you currently in High School? Y/N 8. High School Graduation Date: _____

9. Did you earn your GED? Y/N 10. GED Completion Date: _____

11. Institution Attending: _____

12. Address of Institution: _____ Zip: _____

13. Major: _____ 14. Minor: _____

15. School System: _____ Quarter _____ Semester 16. On or off campus housing: _____

17. Student Status: _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate 18. _____ New _____ Continuing

19. Military Veteran: Y N 20. Program: Certificate/Diploma 21. Degree: AA Bachelors Masters Doctorate

22. Have you received HED or AVT funding in the past? _____ if so, when? _____

23. **ONLY in state only rates are allowable.**

Under the Federal Privacy Act of 1974 Federal Agencies cannot release information about you to anybody without your authorization.

1. The authorization for solicitation of the information on this form is 25 U.S.C., 13 (42 stat 208) and P.O. 84-959 (70 stat 986) as amended by P.L. 88-230 (77 stat 471.25 U.S.C. 309)
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefits.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is to evaluate your request and to assist you before and during your education/training. After completion, parts or all of the information may be provided to employers for employment consideration
5. Failure to provide requested information may result in a delay or denial in receiving financial assistance.

I have read the above statements and I hereby provide the required information and authorize the use of such information as specified. I understand that any false information May cause my application to be disqualified. I also understand that if I unofficially withdraw without notification, I will be terminated from the program and may be required to refund the assistance provided. I authorize the education institution to release my grades, to an official of the Department of Education, upon request.

Signature _____

Date _____

*****DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY*****

Date Received: _____

Received by: _____

Date of Postmark: _____

Program Referral: _____

Eligible: Y N Approved: Y N

Date Approved: _____

Copy HS Diploma - transcript



Coeur d'Alene Tribe
Department of Education
P.O. Box 408 – 1115 B
Street Plummer, ID 83851
(208) 686-5114 or 686-5152
(208) 686-1800
FAX (208) 686-5804

FORM # 2

FINANCIAL AID FORM

SECTION 1: Student completes: Student is responsible for submitting this form to the Financial Aid Office.

Student Name: _____ Social Security #: _____

Student College ID #: _____ Date Classes: Begin _____ End _____

Institution Name: _____

I will attend the following terms: Fall 20 _____ Winter 20 _____ Spring 20 _____ ***Summer 20 _____

Student Signature: _____ Date: _____

***Summer funding is authorized on a limited basis only.

SECTION 11: Financial Aid Office Completes: Return directly to the Department of Education at the above address.

Student has not yet applied for financial aid and cannot be considered

☐

Complete ACTUAL Budget

☐

Student's application is late and may be considered later

☐

FAO will send when completed

☐

This budget is for: Fall 20 _____ Winter 20 _____ Spring 20 _____ Summer 20 _____

STUDENT BUDGET:

STUDENT RESOURCES:

Tuition and Fees..... \$ _____
Books and Supplies..... \$ _____
Room and Board..... \$ _____
Transportation..... \$ _____
Personal Expenses..... \$ _____
Dorm Costs..... \$ _____
Meal Plan..... \$ _____
Other (List)..... \$ _____
Total Expenses \$ _____

Student Contribution..... \$ _____
Parent Contribution..... \$ _____
Social Security..... \$ _____
Veteran's Benefits..... \$ _____
ADC/PA..... \$ _____
Other..... \$ _____
Other..... \$ _____
..... \$ _____
Total \$ _____

Projected Distribution of Institutional Award:

Type (List)	Fall	Winter	Spring	Summer	Total
Pell Grant					
Total					

Authorizing Official's Signature

Title

Date

INSTITUTION

ADDRESS

PHONE NUMBER

**COEUR d'ALENE TRIBE DEPARTMENT OF EDUCATION
STUDENT RESPONSIBILITIES INTAKE FORM**

I understand the following to be my responsibility as an applicant for Higher Education Financial Assistance from the Coeur d'Alene Tribe DOE, I agree to:

1. Apply to the Coeur d'Alene Tribe (CDA Tribe) Department of Education (DOE) for funding on or before the specified deadline
2. Submit mid-term and final grades each quarter/semester to the DOE
3. Submit my COLLEGE DEGREE PLAN and EDUCATIONAL PLAN as developed with my advisor
4. Submit my class schedule prior to the beginning of each quarter/semester
5. Pay ROOM & BOARD, TRANSPORTATION, and other EDUCATIONAL EXPENSES with the funds received from the CDA Tribe DOE
6. NOTIFY DOE IMMEDIATELY IF I WANT MY DORM AND MEAL PLANS PAID DIRECTLY BY TRIBE
7. Notify the DOE of ANY CHANGES in financial aid IMMEDIATELY
8. Notify the DOE within FIVE (5) days, in writing, if I withdraw from a class or program
9. Notify the DOE IMMEDIATELY if I am in jeopardy of failing class(s) for any reason
10. Seek pre-approval from the CDA Tribe DOE if I am transferring colleges, or changing my degree or program. I must do this in order to secure continued funding.
11. Maintain a cumulative GPA (grade point average) in accordance with the requirements of my respective college to remain in "GOOD STANDING", 2.0 or above (if I drop below the 2.0 GPA I will be placed on probation, if it happens a second consecutive quarter/semester I will be automatically suspended)
12. Maintain 12 credits or more as a full time student (15 credits for upper classman, if I drop below the minimum I will be reclassified as a part-time student and only eligible for books, tuition and transportation) If I do drop below the 12 credits I may also be placed on probation for the loss of tuition and books already paid on my behalf
13. Accept tuition, books and transportation only if I am a part time student (11 credits and below)
- 14.. Complete my degree or certificate within the allowable time frame:
 - a. Baccalaureate Degree – 10 semesters or 15 quarters (maximum)
15. Keep my MAILING ADDRESS CURRENT by providing updates to the Coeur d'Alene Tribal Enrollment Office
16. Return any funds I am not eligible for to the CDA Tribe DOE once that determination is made
17. The fact that the CDA Tribe DOE can only support my tuition costs at the IN STATE RATE (if I chose to attend an out of state college or private I am responsible for all additional costs)

Student Signature

Date

Student Print Name

Address

TRANSCRIPT & ATTENDANCE RELEASE

FORM #4

TO:

NAME OF INSTITUTION

P.O. BOX OR STREET

CITY

STATE

ZIP

AREA CODE

PHONE

From: _____

Date: _____

SUBJECT: TRANSCRIPT AND ATTENDANCE REPORTS

I attended your school from _____ / _____ to _____ / _____

You are hereby authorized to provide the above reports to the Coeur d'Alene
Tribe Department of Education at the following address:

Coeur d'Alene Tribe Department of
Education P.O. Box 408
Plummer, ID 83851

They are assisting me in furthering my education or training and they are required by law to obtain these reports as a part of their financial aid files (Tribe/Bureau). Your cooperation in this matter will be appreciated.

STUDENT SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

STUDENT LOAN POLICY

Dear Student:

It is very important that you make it clear to the Financial Aid Officer, at the school where you plan to attend, that you have been advised NOT TO ACCEPT any loan (NDSL, GSL, Perkins, etc.) money in order to go to school.

Also, please be advised, if you accept any money other than scholarship and/or grant money, the Coeur d'Alene Tribe and/or the Bureau of Indian Affairs WILL ASSUME NO RESPONSIBILITY FOR REPAYMENT OF YOUR DEBT.

I have read and understand the terms stated above. If I agree to accept a student loan, I WILL NOT hold anyone (Tribe/Bureau) responsible for the repayment of such a loan except myself.

Signature

Date



North Idaho College

General Studies - Core Requirements

Associate of Arts Degree

English Composition Requirement (6 credits)

☐ Engl 101

☐ Engl 102

Communication Requirement (3 credits)

☐ Comm 101

Critical Thinking Requirement (3 credits)

☐ Phil 201

Computer Science Requirement (2-3 credits)

☐ Busa 100

☐ Busa 240

☐ CS 100

☐ CS 125

☐ CS 150

☐ CS 211

☐ CS 212

☐ CS 213

☐ CS 228

Mathematics Requirement (3-4 credits)

Complete one of the following

☐ Busa 271

☐ Math 123

☐ Math 130

☐ Math 143

☐ Math 144

☐ Math 147

☐ Math 160

☐ Math 170

☐ Math 175

☐ Math 187

☐ Math 253

☐ Math 275

Laboratory Science Requirement (8-10 credits)

☐ Biol 100/100L**

☐ Biol 115/115L**

☐ Biol 175/175L**

☐ Biol 202/202L

☐ Biol 203/203L

☐ Biol 205/205L

☐ Biol 221/221L

☐ Biol 227/227L

☐ Biol 228/228L

☐ Biol 231/231L

☐ Biol 241/241L

☐ Biol 250/250L

☐ Chem 100/100L*

☐ Chem 101/101L*

☐ Chem 102/102L

☐ Chem 111/111L

☐ Chem 112/112L

☐ Ensi 119/119L

☐ Geog 100/100L

☐ Geol 101/101L

☐ Geol 102/102L

☐ Geol 123/123L

☐ Phys 101/101L

☐ Phys 103/103L

☐ Phys 111/111L

☐ Phys 112/112L

☐ Phys 211/211L

☐ Phys 212/212L

**BIOL 100, 115, and 175 cannot be used in combination to meet Lab Science requirements

*Chem 100 and 101 cannot be used in combination to meet the Lab Science requirements.

Physical Education Activity/Dance (2 credits)

Complete 2 courses from any P.E. activity or dance

☐ _____ ☐ _____

Social Science Requirement (6 credits)

Complete one course in each group

Group 1

☐ Anth 102

☐ Phil 205

☐ Psyc 101

☐ Soc 101

Group 2

☐ Econ 201

☐ Econ 202

☐ Pols 101

☐ Pols 105

Group 3

☐ Hist 101

☐ Hist 102

☐ Hist 111

☐ Hist 112

Group 4

☐ Anth 101

☐ Anth 230

☐ Chd 134

☐ Hist 131*

☐ Hist 141*

☐ Hist 181*

☐ Hist 240*

☐ Pols 237

☐ Pols 275

☐ Psyc 205

☐ Soc 102

☐ Soc 103*

☐ Soc 220

☐ Soc 251*

Arts and Humanities Requirement (6 credits)

Complete one course in each group

Group 1

☐ Art 100

☐ Art 101

☐ Art 102

☐ Cina 126

☐ Hums 101*

☐ Mush 101

☐ Mush 140

☐ Thea 101

Group 2

☐ Engl 175

☐ Engl 257

☐ Engl 258

☐ Engl 267

☐ Engl 268

☐ Engl 271

☐ Engl 277

☐ Engl 278

☐ Hums 101*

☐ Phil 101

☐ Phil 103

Cultural Diversity Requirement (3-4 credits)

Complete one of the following

☐ Aist 101

☐ Anth 225

☐ ASL 201

☐ ASL 202

☐ CDA 201

☐ Comm 220

☐ Engl 285

☐ Engl 295

☐ Flan 207

☐ Fren 201

☐ Fren 202

☐ Germ 201

☐ Germ 202

☐ Hist 131*

☐ Hist 141*

☐ Hist 181*

☐ Hist 240*

☐ Intr 200

☐ Mush 127

☐ Mush 163

☐ Phil 111

☐ Soc 103*

☐ Soc 251*

☐ Span 201

☐ Span 202

Non-core Elective Requirement

Complete 13-16 credits

Student Education Plan

Name: _____

1st Quarter Fall ___ Win ___ Spr ___ Sum ___ Year ___

Course	Cr	Grade	W
Total			

Notes:

2nd Quarter Fall ___ Win ___ Spr ___ Sum ___ Year ___

Course	Cr	Grade	W
Total			

Notes:

3rd Quarter Fall ___ Win ___ Spr ___ Sum ___ Year ___

Course	Cr	Grade	W
Total			

Notes:

Cr = Credits
W = Withdrawn

4th Quarter Fall ___ Win ___ Spr ___ Sum ___ Year ___

Course	Cr	Grade	W
Total			

Notes:

5th Quarter Fall ___ Win ___ Spr ___ Sum ___ Year ___

Course	Cr	Grade	W
Total			

Notes:

6th Quarter Fall ___ Win ___ Spr ___ Sum ___ Year ___

Course	Cr	Grade	W
Total			

Notes:

CDA TRIBAL STUDENTS

HEALTH CARE ISSUES

- THE CDA TRIBE DOE WILL NOT BE ABLE TO COVER YOUR HEALTH CARE NEEDS WHILE YOU ARE AWAY AT COLLEGE (OUR LIMITED FUNDS PROHIBIT IT)
- IF YOU ARE NEAR A TRIBAL OR INDIAN HEALTH CARE CLINIC BE SURE TO REGISTER WITH THEM BEFORE YOU HAVE HEALTH CARE ISSUES, THEN IF YOU BECOME ILL OR NEED TO SEE THE DOCTOR, IT WILL BE AS SIMPLE AS MAKING AN APPOINTMENT
- CHECK WITH YOUR COLLEGE IMMEDIATELY TO SEE IF YOU ARE AUTOMATICALLY ENROLLED IN THE HEALTH CARE INSURANCE.
- IF YOU CHOOSE TO DROP THE INSURANCE BE SURE TO MEET THEIR DEADLINE AS WE AT DOE CANNOT DO THAT FOR YOU. IF YOU MISS THEIR DEADLINE TO DROP OUT YOU WILL BE RESPONSIBLE TO COVER THE COST